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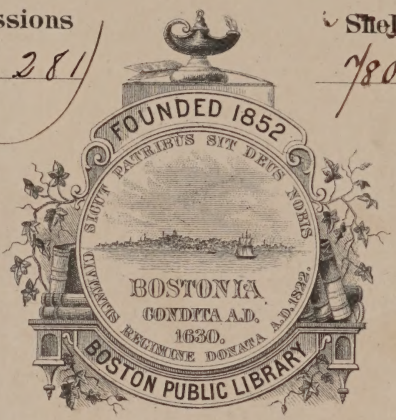

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STATE MEDICINE,

IN ITS RELATIONS TO INSANITY,

BY

DR. NATHAN ALLEN,

OF LOWELL, MASS.

(Read at the Meeting of the American Social Science Association, Detroit, May 13th, 1875.)

BOSTON:
TOLMAN & WHITE, PRINTERS, 383 WASHINGTON STREET.
1875.

NOTICE.

While making last year investigations as Commissioner of Lunacy, many facts on the subject in other States, aside from Massachusetts, came under review. These facts, with additions, and, accompanied with remarks, were embodied in the following paper, which was read at a meeting of the American Social Science Association, at Detroit, Mich., May 13, 1875. The paper was published the next day entire in the Detroit Free Press; and large portions of it in the Tribune and Post, of the same city. At this Social Science Meeting, several conferences of Boards of Charities, representing seven States were held, in which the causes and treatment of crime, pauperism and insanity were considered and discussed. These Boards publish a large pamphlet giving a full report of the papers read, and of the discussions that ensued; it is to this document that the imprint of the following pages should be credited. But the most important issue of the paper is its entire publication in the English Journal of Psychological Medicine and Mental Pathology, for October 1st, 1875. This Journal is conducted by L. S. Forbes Winslow, M. D., and is considered, to say the least, of very high authority in Great Britain.

N. A.

Lowell, Nov. 1, 1875.

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STATE MEDICINE, IN ITS RELATIONS TO INSANITY AND PUBLIC CHARITY.

By Dr. Nathan Allen, of Lowell, Mass.

Before entering upon the discussion of any question, it is always proper to define the terms used, and state as far as possible, the objects in view. The phrase "State medicine" implies legislation, or provision of some kind made by the State for the prevention of disease, and the cure of the sick. Insanity is the most serious and complicated of all diseases, and, of sick persons, the insane, above all others, need treatment and cure. By "public charity" is meant help to the poor and needy from some public source; or, in other words, the act of relieving the wants and sufferings of those who cannot help themselves by some public or associated action.

The relations of State medicine, then, to insanity and public charity may be considered from two points of view: First, what has the State done for the insane as a body, without distinction of class or condition; and, Secondly, what provision has the State made particularly for that portion of the insane who have no means of their own, nor friends who can support them?

In pursuing this subject we shall examine into the particular acts of legislation in its applications to both these two classes.

We propose to notice briefly what legislation has taken place on this subject, and what is the present state of the insane in the six

NEW ENGLAND STATES.

There are certain general points of resemblance or correspondence in these respects, in each of the States, and by analyzing and comparing the facts when brought together, it will enable us to see better what are the defects or excellencies in each State. It is by such means and comparisons that the evils or defects in legislation may be better understood, and the inquiry raised, what improvements can be made, and what are the duties of legislative

bodies to the public? No surer test of the moral state and progress of a people can be made, than that of investigating what provisions it has made to relieve the wants and sufferings of its needy and defective classes. The instances where individuals give liberally of their substance for this purpose, either by direct contributions or by legacies, afford noble examples of benevolence and philanthropy; but when, by wise and humane legislation, great numbers are relieved in the best possible manner, too, it shows, in the aggregate, a higher state of humanity and morality. The advanced steps, which legislation here and there are taking in hygienic and sanitary measures to promote the health and welfare of people, may be reckoned among the most promising omens of the times.

We propose in this paper, *first*, to notice the most important points in legislation in its relations to the insane in each of the States separately, and then follow it by some comparisons and comments. We commence with

MAINE.

The United States census of 1860 made the number of insane persons in Maine 794, and the census of 1870, 792; that is, with a decrease of two persons in these ten years, which must be a mistake. The best judges in the State estimate the whole number to be about 1,200—it may be a little more or a little less. The Insane Hospital at Augusta had in 1874, 406 patients; the remaining insane are found either in the city and town almshouses throughout the State, or in private families. As no reports have been made of their number, condition or character, no definite information can be given. What proportion of these are paupers, or how many of them are supported in private families, we have no means of knowing. The Overseers of the Poor in this State make no returns as they do in some other States.

The hospital at Augusta, built in 1840, is the only asylum in the State, and accommodates about one-third of the insane in the State. But steps have been taken by the Legislature to build another; it is in the hands of a commission to select a location. The average number in the present hospital for several years has been about 400. It is strictly a State institution—built by the State—its trustees appointed by the Governor and Council, and also a Board of Visitors, consisting of three persons, whose duty it is to visit the hospital every week, and report upon the same. The State expends about $35,000 annually for the support of

patients in this hospital, as follows: The general price of board is fixed at $4 per week, though more than that is paid in some particular cases. The State supports wholly about fifty patients, and then pays $1.50 per week for 290 more, having a settlement in some city or town which pays the balance. About sixty patients are supported from private resources. The hospital has been very much crowded for years, so much so that the Legislature two years ago ordered some forty or fifty of the lowest class to be discharged, but it was hard to get rid of them, having no suitable place to which they could be removed. The superintendent estimates that nine-tenths of the patients belong to the incurable class. The manner of committing persons to the hospital is as follows: Complaint must be made first to municipal officers of cities or towns, who constitute a board of examiners, calling before them such testimony, from friends and acquaintances, as to satisfy them that the person is insane. In addition, they must obtain the certificate of two respectable physicians, certifying the same. Cases connected with crime are committed by the Courts.

INSANE IN NEW HAMPSHIRE.

The United States census of 1860, returned the number of insane at 503, and the census of 1870 at 548, making an increase in these ten years of forty-five. There never has been any exact enumeration of the insane in this State. The superintendent of the hospital at Concord estimates the number at 700, while others would make it considerably larger. About 370 of these are in the asylum at Concord; 150 are in the county almshouses; nearly 100 are in the town almshouses, and the balance, whatever it may be, are supported in private families. In 1872 a commission was appointed by the Legislature "to inquire into the condition of insane paupers throughout the State;" but so small was the appropriation made for the purpose that only about one-half the State was canvassed. No returns are made by the Overseers of the Poor, and nothing is known of the number or condition of the insane supported in private familes.

The asylum at Concord is the only institution in the State intended for the insane. There are ten county almshouses, several of them large, in which are gathered quite a number of insane persons, in two or three, from thirty to forty each, and connected with some of these almshouses is a separate building expressly for the insane. The asylum at Concord, established in 1842, was built by the State, its trustees appointed by the Governor and

Council, consisting of twelve persons, and then a Board of Visitors of eight, with the Governor at the head, making in all twenty. It is made the duty of one or more from these Boards to visit the asylum twice a month. The State appropriates annually $6,000 for the support of patients in this hospital. While it is strictly a State institution, it is managed very much as a private one, as though there were no paupers confined or supported in it. Most fortunately it has received large legacies—amounting in all to $250,000, the income of which goes toward supporting the insane poor. The price of board is fixed at $5 per week. About fifty patients are supported by the State alone; nearly 200 by the State and towns in common, and 130 by friends, or from their own means. The income from private funds is applied from year to year to helping just such indigent patients as the superintendent and trustees think need it most. In this way many indigent insane are kept there as private patients, that could not be, were it not for this fund. No distinction in price or classification on the ground of support is made, and the term "pauper" is comparatively unknown in the institution. This feature in the management of the New Hampshire Asylum is worthy of high commendation.

The county almshouses are placed under the care of County Commissioners, where about 140 insane persons are supported by counties and towns at a moderate expense. In some of these almshouses it is represented that the insane are not properly cared for—have no hospital treatment when they might be cured by being sent to the asylum. As to the actual condition of the insane in town almshouses, or in private families, nothing definite is known.

The law, in the committal of persons to the asylum, provides that it may be done by the judge of any Court, by Overseers of the Poor, by County Commissioners, by legal guardian and friends. But no person can be committed without a personal examination by two reputable physicians, whose character and genuineness of the certificate must be certified to by the Mayor of the city or Chairman of the Board of Selectmen where the person resides. An important law passed the Legislature in 1874, requiring visitation of some one or more of the trustees at the hospital every other week, to hear complaints and report them to the whole Board in case of any difficulty. Stationery is often furnished to inmates, who can send letters to any member of this Board, and such letters to friends are transmitted at once under seal. In case of deaths out of the ordinary course, a coroner's jury is called, the same

as outside of the institution. The legislation of New Hampshire in behalf of the insane, has been conducted with the greatest economy.

INSANE IN VERMONT.

The census of 1860 returns the number 693, that of 1870 as 721, making an increase in ten years of 28. No attempts have ever been made to ascertain the exact number of the insane in Vermont. In the census of 1870, it is thought the whole number of the inmates of the asylum at Brattleboro' were counted, which should not have been, as about 200 of these at that time belonged to other States. No returns of the Overseers of the Poor are made, so that the number of the insane in almshouses cannot be ascertained, neither can we learn anything as to the number or condition of the private insane in the State. There must be a large number of this class scattered throughout the State, in all probability a larger number than what the census gives, judging by its returns in other States. Then, if the census of 1870 included all the inmates of the asylum at Brattleboro' belonging to Vermont, we could not estimate the whole number in the State much above 721; perhaps, if we should estimate it at 800, it would not be out of the way.

The asylum at Brattleboro', established in 1836, is the only institution for the insane in the State. This was started by a legacy of $10,000, to which the State added appropriations from time to time. It was formerly supposed to be strictly a State institution, but on a careful examination, a few years since, it was found to be incorporated as a *private* concern; that it was placed entirely in the hands of a trustee board, self-perpetuating. Its charter provided for a board of visitors in the judges of the Court of Chancery, but it seems practically to have been a superfluous office. The Legislature in 1845 provided for a Commissioner of Lunacy, with certain powers of visitation and report, with very small compensation for services. As the appointment was only for two years at a time, and chosen by the Legislature, it has often been changed, so that little of value or importance could be accomplished by the office. The number in this asylum for years, has averaged about 475, one-half of which are private patients; one-third are town, and one-sixth are State. The price of board for private patients varies, but for State it is fixed at $3 per week, which is considerably below the cost. The State for several years has appropriated $5,000 for this purpose. It is understood that towns pay about the same as the State.

A bill has been before the Legislature for years, for the erection of a State Lunatic Hospital, and for making other changes in the laws relating to the insane. As the State has no asylum or hospital of its own, to accommodate the insane, it is presumed the matter will be pushed until it has one. The asylum at Brattleboro', starting as a *family*, in which the influences and relations of home-life have always been systematically cultivated,—situated in a rural district, with ample grounds for exercise and cultivation—has had a prosperous career. Though it has been sustained in a great measure by private resources, it has apparently answered the wants of the State. The manner of committing insane persons to a hospital in Vermont, is peculiar. As this asylum is located in the County of Windsor, the law provides that the Court of Chancery appoint a medical examiner in this county, before whom all persons supposed to be insane are brought and examined, and whose certificate alone entitles to admission into this asylum. We cannot find that there is any different law of committal applicable to other parts of the State. At the last session of the Legislature there were six or seven acts proposed and discussed, intended for the relief of the insane, but they were all voted down except one, providing for discharges of patients of doubtful cases, referring them to the family physician and the Commissioner of Lunacy. In one respect Vermont differs from other New England States—it has much less of a foreign element in its population, only a small representation of Canadian French.

INSANE IN CONNECTICUT.

The United States census of 1860 reported the number of the insane in Connecticut 281, and the census of 1870, 772. The population had increased a little over 75,000 within this period, adding one-sixth to its numbers, but the census of the insane is reported almost three times larger for 1870 than for 1860. This was evidently a great mistake. Even the census of 1870 makes it altogether too small. In 1868 a committee was appointed by the Legislature to canvass the State carefully, as to the number of the insane, with reference to building a State hospital, and the actual number found by them was 1,066, while the census two years afterwards returned the number 294 less. With an increase of population from 1868 to 1875, of over 50,000, undoubtedly the number of the insane must have increased from 1,066 in 1868, to the present time to over 1,200, certainly, and probably to over 1,300 in 1875. The State Hospital at Middletown has some 400 patients,

and the Retreat at Hartford has about 150, making only 550 under treatment in hospitals. These two institutions constitute the only establishments in the State for the insane. If we allow 100 more for the changes in these hospitals, it will then leave one-half of the insane in the State to be cared for outside. These must be in almshouses or provided for in private families, and no report can be given of them. The Retreat for the Insane at Hartford was started in 1824, and is strictly a private institution, though answering, in some respects, the wants of the State till some eight years since. Its last report bears the imprint of its *fiftieth* annual report, and, though it retains now only some 150 patients, it had almost double that number for some years before the general State Hospital was built at Middletown. The Retreat has been considered one of the best managed institutions of the kind in the country. The State has never had directly any control over the institution, though for many years it sent and supported patients in it. The price of board, or expenses in the Retreat, depend on the accommodations and character of the patient.

In 1866 and 1867, the State built a large hospital at Middletown, for the insane, and it is managed strictly as a State institution. It has some 400 patients, a large number of whom are supported at public expense. The price of board is fixed at $5 per week. The State bears the entire expense of a small number, and pays one-half the expense of over one hundred, the other half being paid by towns; and then the State pays half the expense of over one hundred more, who are considered private patients, and the other half is paid by friends. The number supported entirely by their own resources, or by that of their friends, is not very large. In the last report of this hospital, the manner of support is thus given: Forty-one patients pay their own expenses; seven were supported by the State; one hundred and two, equally between the State and friends; and one hundred and three, equally between the State and towns. This speaks well for the liberality of the State in encouraging towns and the friends of the insane to send all such cases at once to the hospital. Committals are made by friends, by judges of the Courts, and the order of the Governor. But in all cases the Court appoints some "regular and respectable physician" in the place or region where the insane person resides, who shall fully investigate the facts of the case, and render a report to the judge of the Court.

In the last report of the State Hospital, the Superintendent says: that of the 395 patients remaining, only thirty-five could

properly be considered *curable*. This statement presents rather a discouraging view of the character of the patients here. An interesting experiment of the cottage system is being tried, connected with this hospital. Two small cottages are occupied by some thirty chronic insane, making up two families, and, in a great measure, taking care of themselves. The superintendent remarks, that the "very success with our imperfect two little cottages, makes us long for the day when we may have more such structures adapted to the wants of such patients."

RHODE ISLAND.

The census of 1860 returned 288 insane, and the census of 1870, 312—an increase of only 24 persons, with an increase of almost 45,000 inhabitants in those ten years. If we should add to the number of insane returned by the census, in the same proportion as in other States, it would make the whole number in the State nearly 500 persons. The Butler Hospital has at the present time about 130 inmates, and the Asylum for the Chronic Insane has 160, making 290 persons. There must be in the Providence, and town almshouses about 100 insane, and probably as many more in the State are supported in private families.

The Butler Hospital, started in 1849, is strictly a private institution, and has received large donations from individuals. It has permanent funds amounting to one hundred thousand dollars. The lowest price of board is fixed at $7 per week, but most of the patients pay a larger sum. It has always been considered one of the best managed lunatic hospitals in the United States, and for more than twenty years was superintended by Dr. Isaac Ray, celebrated for his writings on insanity, both at home and abroad. This hospital, up to 1870, was the only institution in the State provided for the insane. In 1868–9, it became very crowded, and for many years complaints had been made respecting the treatment of the insane in the town almshouses in the State. A movement was made to enlarge the accommodations for this class, and it was decided to establish an asylum for the chronic insane—that it should be located in a rural district, with a large portion of land attached. Some four hundred acres of good land were purchased in Cranston, upon which also it was decided to locate several other State institutions. But this asylum for the insane is entirely distinct by itself, and has been in successful operation now five years. It has 160 inmates, pronounced, when coming there, incurable, though quite a number have entirely

recovered. Without going into details, we think we may safely say it provides the best arrangement for the chronic insane in the country. Sixty of the patients are wholly supported by the State, some more than that number by the towns, and the rest privately. About three-fourths pay two dollars per week, some twenty pay three dollars, and a few pay four dollars. The buildings are one story, light, roomy, and airy, with plenty of land for cultivation. In the opinion of the best judges, the inmates here are most comfortably provided for—much more so than they were before coming to this asylum. It accommodates not only the State, but towns and individuals, making annually a saving to the State alone of over $12,000.

The law for committing persons as insane to the hospital, is very similar in Rhode Island to that in other States. As there has been only one institution, and the State itself is quite small, persons moving in such a matter become more easily known to the public, so that there is much less danger of abuse.

INSANE IN MASSACHUSETTS.

The census of 1860 returned the number of the insane, 2,246, and that of 1870, 2,662. But the census report comes very far short of the real number. The only thorough canvass ever made in this State, was in 1854, by a commission, which found 2,632; that was 952 more than the census of 1850. It will be seen by this, that the actual number found in 1854, was only thirty less than the census return of 1870, notwithstanding the population had increased almost half a million.

In 1874, the Board of State Charities, from a careful examination of the whole number of insane in all the institutions and almshouses in the State, made the total 3,624. If to this is added the number supported in private families, the whole number of the insane in the State cannot vary much from 4,000. In October, 1874, they were distributed as follows: In the four State institutions, Worcester Hospital, 485; Taunton, 508; Northampton, 475; Tewksbury Asylum, 319; at South Boston, 206; Ipswich, 61; Somerville, 150; and some fifty in smaller institutions. The Overseers of the Poor return about 500 in the city and town almshouses scattered through the State, and nearly 150 more partially supported outside. This makes at that date 3,000 in the institutions and almshouses. The State supports some 500 in the hospitals at an expense of $3.50 per week, and over 300 at the asylum in Tewksbury for the chronic insane, at $2 per week,

making the State expenditure for the year $125,000. The cities and towns support, at the same rate, in these hospitals, some 650, paying annually about $125,000. Then these municipalities support some 500 in almshouses, at a rate, from $2 to $3 per week, amounting to about $50,000 annually. Then there are two county hospitals, one in Suffolk County, at South Boston, (206), and one in Essex County, at Ipswich, (60), making an annual expense of $70,000. We have then 2,000 insane persons supported by the State, counties, cities, and towns, at an annual expense of nearly $400,000.

The remaining insane are scattered in hospitals and families. In the three State Hospitals there are over three hundred patients supported by private means, at an expense of from $5 per week upward. The McLean Asylum, at Somerville, near Boston, established in 1817, strictly a private institution, has on an average, about 150 patients, supported at an expense of $15 per week and upward. There are four other small private asylums or family institutions for nervous diseases and the chronic insane, where the expense varies from $10 per week upward. There are a large number of insane persons supported by private means, in families throughout the State, but as to their exact number, or real condition, we have no means of knowing. The only thorough enumeration of the insane ever made in the State was in 1854, by a commission, of which Dr. Edward Jarvis was at the head. In this return were found 716 insane persons at their homes, cared for by their friends; and this enumeration took place more than twenty years ago, since which the population has increased near half a million. From careful inquiries made respecting the insanity of each person, it was reported at the time that just about one-half this number were fit subjects, and should have been in hospitals. But of 320 towns in the Commonwealth, insane persons were found in all but nineteen, which were small, and situated mostly in the outskirts of the State. This enumeration of the insane in Massachusetts, in 1854, is deserving of special notice, as it is the only instance in the United States, we believe, where a complete and thorough canvass has ever been made as to the exact number of the insane. It has been found that the census in this respect is not at all reliable—that if other statistics are returned correct, those of the insane are not, and other means must be resorted to for this knowledge. One of the most important steps taken in legislation in this State, is the provision made for the support of the chronic insane by themselves. This experiment

commenced in 1866, by erecting a large building connected with the State Almshouse at Tewksbury, in which three hundred chronic insane—all paupers—have been supported at an expense of about $2 per week, saving thereby over $25,000 annually to the State. The object of establishing this asylum was to relieve the hospitals of their crowded state, but they are still very crowded. The State is building at present another large lunatic hospital at Danvers, at an expense of over a million of dollars. In 1874 the Legislature provided for the appointment of Commissioners of Lunacy, whose services were to terminate after making a report, which was done in January, 1875. In the matter of committing persons in Massachusetts to hospitals the law provides that it can be done by friends, by officers of cities and towns, and by the judges of Courts. But in all cases a certificate, certifying to the insanity of the person must first be obtained, signed by two physicians, one of whom should be the family physician. Complaints have been made for years that it was altogether too easy to commit and confine persons for insanity, and that greater checks and safeguards should be provided.

Having now presented an outline of the provisions made by legislation for the insane in the New England States, we have an opportunity for making comparisons and comments, for in this way instructive lessons may be learned. As these States are among the oldest in the Union, and have generally taken the lead in providing for the dependent and destitute classes, it is presumed we can find some advantages to recommend, and perhaps some evils to expose and condemn.

The first inquiry will be in reference to the

INCREASE OF INSANITY.

Is insanity increasing faster than population? On this question there have been differences of opinion among what would be considered good judges. During the past year I had a careful investigation made of the increase of population and of insanity by the census reports, and found that from 1850 to 1870, there had been a decided increase of insanity in Massachusetts, over that of population, amounting to 12 per cent. in these twenty years. By the same investigations, it appeared that there had been also an increase of the insane disproportionate to that of population in the other New England States. Various other means were resorted to, but all confirmed the results obtained by the census. What may be the real cause of this increase, and from what classes in

the community it comes, are questions we cannot easily determine. In Massachusetts there is some evidence to show that this increased insanity comes mostly from the foreign element, but it is not so in some of the other States. One thing is evident, that lunatic hospitals do not prevent the increase of insanity—that is, so far as we can judge. It was thought in Great Britain, when hospitals for the insane were first established, they would put some check upon the increase of insanity; but, after thirty or forty years' experience, that expectation has not been realized. A similar result has been reached in this country.

It is generally conceded, that the higher or more advanced civilization becomes, the greater is the amount of insanity. Now, this cannot be the fruit or result of *true civilization*, but comes from something wrong—some artificial habits, some unnatural, unwholesome way of living, some false and corrupt state of things in society. This undue increase of insanity may arise, in part, from too great pressure upon the brain, and strain on the nervous system, by education, by excitement, by strife and competition in business, etc., and with some, by what may very properly be styled "too fast living." When it is borne in mind that these and other evils are not unfrequently propagated by the laws of inheritance, in an aggravated and intensified form, we see readily how, as people grow older, from one generation to another, there follows increased insanity. It would be an interesting experiment to make, if we could get the statistics for a series of years, on population and insanity, in several of the old and the new States, and see how they would compare. Connected with this increase of insanity, may there not be a new feature or change in the

TYPE OF THE DISEASE

taking place, which calls for particular notice. The trustees of the Butler Hospital, not medical men, but discriminating business men, some of whom have long been connected with the institution, make, in their report for last year, this striking remark. In noticing a decline in the proportion of recovered patients, they say: "It would seem as if the larger appliances and more diversified ministries which have been from year to year brought into requisition, have not kept pace with the growing difficulties of treatment, as if the malady was finding a deeper seat—arising apparently in a large proportion of cases from *original defect of organization*, and less frequently from mere accidental causes. If this be so—if the statistics presented by the records of the

institution be sufficiently extended to afford a reliable indication—the patriot, as well as the philanthropist, is interested in ascertaining to what causes, at work in our community, the deterioration of brain is attributable."

There is much truth, we have no doubt, in the statement here made by these trustees. Such is the type of our *present civilization*, that, while it is attended with great advantages, it begets many evils. Some of these evils grow out of an undue development of the brain, and a morbid state of the nervous system. It surely becomes the patriot and the philanthropist to inquire if some of these evils cannot be avoided, or at least abridged.

One of the most interesting and important features in State medicine, is its

CHARITABLE WORK.

In providing for the insane, the State, as a general thing, builds the hospital. Maine, New Hampshire, and Connecticut, have each one hospital for this purpose, and Massachusetts has four. In Rhode Island the Butler Hospital and in Vermont the Brattleboro' Asylum, both private institutions, answer very much the purpose of State hospitals.

In each of the New England States there are indigent insane, having no means, nor friends to support them, and no claim on any city or town by the laws of settlement. These are adopted and supported by the State, generally in some lunatic hospital. But the charity of the State does not stop here always. Maine, New Hampshire, Vermont, Connecticut, and Rhode Island pay from one-third to one-half the expense of that class of the insane, belonging to cities and towns, provided they are sent to a hospital for treatment. Nothing is paid by the State for those in local almshouses, and the object of paying part of the expense of city or town paupers is to induce their authorities to avail themselves of all possible means for the cure and improvement of this class.

The State of Connecticut, finding some years since a large number of insane persons, with small or limited means, and friends unable to support them, who on this account could not get the proper benefit of the hospital, and would not become paupers, offered to pay one-half the expenses of such persons provided they were sent to the hospital. Accordingly, for several years, more than one hundred private patients of this class have been found in the State hospital at Middletown. This is, we believe, the only

instance where a State has proffered such aid, and it sets a noble example. In the asylum at Concord, New Hampshire, may be found a grand example of private beneficence. This asylum has most fortunately some $250,000 in funds, received by legacy and donation. A large proportion of the income goes to support, in the institution, indigent persons who may also be assisted by friends. Over one hundred private patients are thus yearly aided by this charity. Insane persons are kept here by this means, who would not be otherwise. It relieves the State and encourages private benevolence. The friends will continue to do for them and take far more interest, so long as they are not *paupers*. So quietly is this private charity distributed, that it is hardly known who are its recipients.

In Massachusetts, the lines of support are very closely drawn; the State supports its own; so do cities and towns their own; and those who are private must receive private support, whether in a State hospital or private asylum. The State appropriates moneys liberally for the insane, but does only what it is obliged to do. It supports in the lunatic hospitals about 500, and 300 in the asylum for the chronic insane, the whole at an annual expense of some $125,000. Cities and towns support in the hospitals about 600, and there are some 300 private patients in these institutions. Now, it has been an obvious fact, that the proportion of pauper insane has been relatively increasing for many years in Massachusetts; that many, starting as private cases, soon become paupers, and, of course, must be supported at public expense. There can be no question but that the longer an insane person can be kept as a private patient, the longer friends will look after and do for such a person, the better spirits and more hope the insane themselves will have of recovery. Then, if we extend help properly to the indigent private insane who need and are outside of a hospital, it might induce such to seek the benefits of the hospital, and prevent large numbers from becoming paupers. In this way a great amount of good might be accomplished.

CHRONIC INSANE.

The question is now asked in all the older States, what are we to do with the chronic insane, and how are they to be supported? Unless there are some means besides death, of eliminating and removing the incurable and the harmless insane from our lunatic hospitals, these institutions become filled up with a class of patients, very few of whom can ever be benefited by curative treatment.

This is becoming already a serious evil in several of our older and larger institutions. These hospitals, in their construction and management, were intended expressly for the *cure* and *treatment* of the insane, and, accordingly, have been provided with the best possible means—medical, physical and moral. Such means and appliances require a large outlay in their start, and then, in keeping them up, become very expensive. After the insane have passed through the curative stages of treatment, without relief, and settled down into an incurable, harmless state, what is to become of them? In their case, the same medical skill, the large number of attendants and costly accommodations are no longer needed. It is not a *hospital* but a home they want, suitable exercise, plenty of sunlight, pure air and water, proper nourishment, pleasant surroundings, etc. These can be furnished at much less expense than by large, costly hospitals, with expensive medical supervision and other attendance, under circumstances, too, where the advantages of hygiene and sanitary law may be employed more successfully. Aside from comfortable house accommodation, all that can be done for this class is to supply properly their physical wants, and surround them with wholesome influences. As far as the men are concerned, farm work is the best possible exercise for them, as well as plain, country style of living the best regimen. In former years the almshouse has been the principal receptacle of the chronic insane discharged from the hospital. But Massachusetts and Rhode Island have now permanent asylums for the chronic insane, which, in some respects, are the only institutions of the kind in the country. We should except the Willard Asylum, New York. The Asylum in Massachusetts was established near eight years ago, by reason of the crowded state of the hospitals, and partly from the fact that the State almshouses at the time contained large numbers of this class, mixed up promiscuously with other paupers. This asylum is located at Tewksbury, on a large farm owned by the State, consisting of a brick building 250 feet long, forty-five wide and four stories high, accommodating 300 insane persons. Though located near the almshouse, the asylum, with its inmates and yards, are entirely distinct. Within the eight years of its history, more than a thousand chronic insane have been admitted into this asylum, mostly coming from the State hospitals. Nearly one hundred of these have recovered or improved, not from medication, but from work on the farm. In the opinion of good judges, the condition of the inmates here has been made as comfortable as it was before their admission, and the experiment, as a whole,

has been regarded as a decided success. The expense has averaged for each inmate a little over one hundred dollars a year, and the whole saving to the State amounts to $25,000 each year, making over $200,000 since the asylum was first established.

The asylum for the chronic insane in Rhode Island, being only about one-half as large, saves the State annually more than $12,000. This is located upon the State farm at Cranston, near the State almshouse and workhouse, but is entirely separate in all its arrangements. The buildings are only one story, well lighted and well ventilated, with large yards and plenty of ground for cultivation. While a few of the inmates come from the Butler Hospital, a large proportion come from the various almshouses in the State, the expense being borne in common between the towns and the State.

The history of this asylum for the chronic insane in Rhode Island, deserves special notice. It has always been admitted, that the Butler Hospital is one of the best managed institutions in the country, with very few changes in its superintendency or Board of Trustees. Dr. Isaac Ray, the most distinguished writer on insanity in the United States, presided over this hospital about twenty years, and in his annual report for 1866, presented the most elaborate argument that can be found against the separation of the acute and chronic insane, maintaining, that for the interests of each, they should always be kept in the same institution. Within one year from that date, the friends of the insane were conferring together in Rhode Island with reference to establishing an asylum for the harmless and incurable of this class; and in 1869 such an institution was established, with one hundred patients. Its sixth report is just published, showing 170 patients, a larger number than is now found in the Butler Hospital itself. Dr. Sawyer, the successor of Dr. Ray, acknowledges that this asylum is an excellent institution, and is a decided relief to the hospital. The Trustees declare, that, by the removal of chronic cases, "its result is to enlarge the capacity of the hospital for the treatment of recent cases of insanity, and thereby to increase its beneficial agency as a curative institution." There is only one opinion among the friends of the insane in the State who have looked at the subject, that it presents a great improvement over the old order of things; and from a careful personal inspection, I can say, that it is, of the kind, a model institution, and worthy of imitation in every other State.

COMMITTAL OF THE INSANE.

The manner or provisions of committing persons to a lunatic hospital, are very important, as far as the law is concerned. In the several New England States there are some general resemblances, but in no two States is the process exactly alike. In the State of Maine, city and town officers take the lead in obtaining evidence, and the certificate of insanity must be signed by "two reputable physicians." In New Hampshire the judges of Courts, Overseers of the Poor, County Commissioners, guardians, etc., lead; the certificate must be signed by two reputable physicians, whose character and genuineness of certificate must be sworn to, before municipal or town officers. In Vermont the judge of one of the Courts appoints a physician in Windsor county, who shall be the examiner of all cases committed to the Brattleboro' Asylum. In Connecticut the Court appoints a reputable physician in the place or region where the supposed insane person resides, who shall make inquiries and personal examination as to his insanity, and make his report to the Court. In Massachusetts the certificate must be signed by two physicians, after personal examination, and one of whom should be the family physician of the insane, whereas, in many, if not a majority of cases, the individual has no family physician. As the medical evidence is the more important, this should be most carefully guarded. While in a majority of cases, the provisions in any one of these States may be sufficient, still there may be danger at times that now and then one might be unjustly and wrongfully committed as an insane person. It may be said, if there should be a mistake made, it would be soon detected in the hospital, and the supposed insane person would be forthwith discharged, but this is not so; it is not always an easy thing to correct such mistakes. Besides, immense injury may be done before the evil is corrected. Inasmuch as great responsibility must rest upon the medical testimony, special pains should be taken to secure the best and most reliable men. If men were appointed for this purpose, and are known to be responsible to the public for the results of their examinations, they will naturally feel this responsibility, and be more careful than if the parties are picked up here and there. It is not mere skill or experience in mental diseases that is wanted, but integrity and honesty of character that has been tried and is unquestioned. There is a chance, we think, for improved legislation in each of these States, which would throw greater safeguards around the committal of all persons who are charged with insanity.

COMMISSION OF LUNACY.

While legislation has labored, in a variety of ways, to promote the interests of the insane, there is one feature which has been greatly over-looked. We refer to a more careful supervision of institutions, to a more special study into the causes of insanity, with reference to securing not only the best mode of treatment, but to see if some means cannot be employed for checking or preventing the disease. This can be accomplished only by legislation, in establishing a commission or appointing one or more persons adapted to the work, and who shall make a business of it for a series of years. This work cannot well be carried on in small States, or at least cannot be so systematically and thoroughly prosecuted as in large States where the material is sufficient to occupy all the time of a commission. Still, in Vermont a good work has been accomplished. In 1845, just thirty years ago, the Legislature established a permanent commission of insanity, "whose duty it was to visit the asylum monthly or oftener, with the trustees or alone, to examine into the condition of the institution, the management of the patients, and the general welfare of the asylum, and to make a report thereon annually to the Legislature." This officer is chosen once in two years by the Legislature, and receives small compensation.

Says Dr. Draper, the present Superintendent of the Brattleboro' asylum: "The Commissioner thus occupies the position of guardian to the insane wards of the State, and visiting agent of the public. I think the office has been useful, and is eminently a proper one. If, in addition to the duties required, in relation to the insane in this institution, it was also made obligatory upon him to visit all the insane in the State, in the town almshouses, and report upon their condition, the public interests would be still better served." But as this officer was often changed, and was paid only $300 a year, not much certainly could be accomplished. Several of the other New England States have at various times appointed a Commission on Lunacy, but only temporarily, for specific purposes, with no power but advisory, and to make a report, which terminated its agency. What is wanted is a permanent living commission like the English or Scotch, with all necessary powers, and the assurance of continuance. Nobody can realize the value and importance of the labors of such a commission, but one who has witnessed its beneficial effects in Great Britain, and from personal knowledge of our own institutions, can see what advantages might be obtained here by means of a similar agency.

Dr. Merrick Bemus, who was superintendent for fifteen years of the State Lunatic Hospital at Worcester, and who has visited similar institutions in Scotland and England, made last year the following statement in reply to the inquiry: "What improvements have been made in the lunatic asylums in Great Britain, and what relation does the Lunacy Commission hold to these institutions?" Says Dr. Bemus:

"The improvements are many. They have supplemented and modified their system to such an extent, that, while it bears some resemblance to the past, the present is studded all over with new features. The improvements for ventilation, cleanliness, classification, for freedom, both outside and inside, are most noteworthy. Their advances, in the direction of labor among the patients, in the immunity from physical restraint and seclusion, in the granting of innocent indulgence to trustworthy patients, are far beyond what is now practiced in any American hospital.

"The Lunacy Commission has done much, and its continued operation is of incalculable benefit, not only to the insane, but also to the officers of the institutions. They have improved the condition of the insane in many ways, and have rendered a residence in a lunatic asylum less irksome and hopeless to those who are obliged to submit to the restraint and treatment in a public institution. They have removed the hard and forbidding, cruel fixtures for restraint and seclusion. They have well nigh emancipated the insane from the use of mechanical restraint; have quite abolished every kind of punishment and task; have raised and improved the quality of food and clothing. They have opened the apartments of the furious and filthy to the sun and air, and opened the doors, that all may enjoy, in some degree, the freedom of the several establishments. More than this, they constantly act as guardians for the insane, and they strongly support and strengthen those who conduct faithfully the affairs of the asylums. They have a systematic correspondence with every institution, and by reports of officers of each, they know, not so much the economies of each, but what is better, they have an understanding of the commitments to such an extent that they can easily tell the justice and propriety of any questionable case. They are made to know of all cases of restraint and seclusion, and they interest themselves in every case of hardship, and thus lighten the burdens of the insane, without in any way increasing the cares of the officers.

"From their frequent inspection of the several institutions, and from the mass of facts gathered by their correspondence, they publish every year a valuable report of their labors, with plans, suggestions and histories of cases of hardship, abuse and suffering."

When the great advantages as here described arising from Lunacy Commissioners are considered it would not seem possible that the superintendent of any hospital would oppose the appointment of such a commission. The insane would not be the only parties benefited, but the hands of the trustees and superintendents

would be held up; much of the prejudice existing against such institutions and their managers would thus be done away; less complaints would be heard from the insane and their friends, and more confidence would be placed in those institutions, so that acute cases of insanity would be more promptly placed there for treatment. The great numbers now scattered in almshouses and private families would be looked up and better cared for, and the institutions themselves would be more sure to reap the benefits of all improvements made at home or abroad for the care and treatment of the insane.

PREVENTION OF INSANITY.

There is one other advantage, or advanced step forward, to secure which something certainly should be done. We refer to some systematic measures for the *prevention* of the disease. In all the vast outlay and immense amount of labor expended in behalf of the insane, scarce any efforts have ever directly been put forth for the prevention of the malady. In the practice of medicine, the question is now constantly raised, how to *prevent* as well as *cure* disease; and in consequence of the great improvement in society in respect to a knowledge of hygiene and sanitary laws, many diseases are prevented—in fact, it is admitted that full one-third of all the diseases and premature deaths can thus be prevented. But the community must be made better acquainted with the *causes* of insanity, and that these causes are subject in a great measure to the control of human agency. Some years since, the superintendent of one of the large State hospitals in Massachusetts said, in closing a paragraph in his report, that "The more we see of mental disease, in its various forms, the more we are convinced that the study of its *prevention* is infinitely more important than even the study of its cure, and that the dissemination of more correct views of the true way of living, and a more rigid observance of the laws of health and nature would greatly diminish its frequency." Since that remark was made in a public report, more than a million of dollars has been expended in the cure and treatment of the disease by the same hospital, but not one dollar directly for the dissemination of knowledge for its prevention. How long will our legislatures, or the managers of our institutions, pursue such a course? Will not the public some time learn the truth of the proverb, that "an ounce of prevention is here worth a pound of cure."

No where in the whole domain of legislation do we want greater

intelligence and liberality, or sounder wisdom and a higher tone of morality than in making the best possible provisions for the insane. There should be combined with such legislation a thorough knowledge of sanitary and hygienic agencies in their application not only to public institutions, but to the community at large, so that the means of *prevention* as well as cure may be wisely employed. And until such legislation takes place, no legislators can be said to have discharged their whole duty to their constituents or to the public.

Since the preceding pages were in type, the last Report (1874) of Commissioners in Lunacy, for Scotland, has come to hand, and contains the following paragraph bearing directly on the topic just discussed:—

"It is impossible to come to any other opinion than that insanity is, to a large extent, a preventable malady; and it appears to us that it is in the direction of preventing its occurrence, and not through the creation of institutions for its treatment, that any sensible diminution can be effected in its amount. Lunacy is always attended with some bodily defect or disorder, of which it may be regarded as one of the expressions or symptoms. We must, therefore, attempt to prevent its occurrence in the same way as we attempt to prevent the occurrence of what are called ordinary bodily diseases; and if it be admitted, that, to a large extent, preventable diseases exist among us in consequence of the ignorance of the people, it is clear that we can only convert the preventable into prevented, by the removal of that ignorance through a sounder education. Much more, however, is necessary for this than ordinary scholastic training; more even than a mere discernment of the laws by which the universe is governed. Men must also be taught that it is their duty, and not merely their interest, to know those laws, and to make them reverentially the rule of their conduct. In short, we can only hope that preventable diseases will be diminished in amount, when the education of men is so conducted as to render them both intelligent and dutiful guardians of their own physical, intellectual and moral health. To this, and not to any machinery, however good it may be, for the treatment and cure of the insanity which has actually arisen, can we reasonably look for a diminution in its amount."

In a paper just published, of "Observations on European Insane Asylums," by a distinguished physician of the State of New York, who had, in the course of two years abroad, the best means for gathering information, we find this statement: "No fact relating to the insane in Europe impressed me so forcibly as the warmer and more general feeling for this class, compared with that of the American public. The grounds for this feeling are well stated in a single sentence of an article in the *Westminster*

Review, for January, 1874: 'Of all forms of human suffering, none possess a claim at once so imperative and so indubitable, in our compassion and on our help, as that of mental alienation and infirmity.'" "Not only the medical and special journals, but every variety of periodical literature, finds some aspect of the question of insanity upon which to touch. Nothing provokes a leader from the London Times, or opens its columns to a correspondent more readily than some grievance of an insane pauper."

[FROM DR. N. ALLEN'S REPORT ON LUNACY.]

In 1872, while on a visit to Edinburgh, I was greatly interested in an address before the Medico-Psychological Association, by Sir James Coxe, on these four questions: "What are the causes of insanity? How is its growth to be checked? What are the results of asylum treatment? What can be done by moral and physical training?" Sir James Coxe having had over forty years' medical experience, and, since 1857, been connected with the Scottish lunacy commission, his opinion on these topics deserve the highest consideration. I shall be pardoned, I trust, for quoting in substance a few of his remarks: "Insanity originates in some form of disease, in a deterioration of the body, rather than an exclusive affection of the nervous system; the five leading facts are, dissipation in various forms — overwork — meagre fare — lack of ventilation — and neglect of moral culture. Insanity is a disease of ignorance — ignorance of the human organism, and the laws which regulate it; and the only way to check its growth is by a general diffusion of a knowledge of those laws, and the use of all those means necessary for the preservation of good health. When asylums were first established it was expected that they would check the increase of insanity, but that belief had not been justified. While there has been many recoveries and deaths, victims of the malady had been constantly multiplying. Whether asylums had actually diminished the disease, or whether they should always be credited with the recoveries attributed to them, are questions not easily settled. While asylums have accomplished immense good, the good has been mixed with many evils. Asylums are said to improve and humanize their inmates; but do they not sometimes degrade and deteriorate? May not some become incurably insane by the confinement? Are not patients who have received no benefit from treatment detained in hospital, when other remedies should be employed? May not the experience of superintendents in dealing with the insane, have a tendency to foster belief in exceptionable measures, and inspire unwarrantable self-confidence? Recovery from insanity is far less due to the genius of the prescriber than to the observance of broad rules of hygiene. Purgatives, hypnotics, anodynes and tonics, are useful auxiliaries; but a comfortable meal is the best of sedatives, and abundance of exercise the best of hypnotics.

IMPROVED TREATMENT OF THE INSANE.

An important change is taking place in several of the institutions of Great Britain, with reference to the treatment of the insane in two respects, viz.: *employment* and *freedom*. If this experiment shall prove as successful as present appearances indicate, it will make a most surprising difference in the condition and prospects of the insane, especially of the chronic class which now constitutes more than three-fourths of the whole. Fortunately we have two most competent witnesses whose testimony, fresh and direct to the point, we propose here to introduce.

N. Y. Asylum for Idiots,
Syracuse, N. Y., Oct. 25, 1875.

Dr. Allen:

Dear Sir,—You will doubtless recollect, that some twenty months ago, I sent you several newspaper articles that I wrote upon the Management of the Insane in Great Britain, and also containing suggestions as to the Treatment of the Insane in this country.

The leading aim of the articles was to dispel some prejudices that exist in the public mind in this country, as to the present management of such institutions. I then said, that in the management of the insane two things seemed to be quite desirable; both of which are related to the comfort and well-being of the patients; and both, also, of interest to their friends and the public generally. The first of these is the absence of any more restraint than is absolutely necessary, for the security and well-being of the patient and the safety of his care-takers.

The second is in supplying the means of useful occupation in such a form and to such a degree as shall relieve the insane from that irksomeness and weariness, that so frequently attends and embitters asylum life; and at the same time relieve the tax-payer of some of the burdensomeness of the support of such institutions.

I quoted from European Superintendents of Insane Asylums the record of their successful experience in the line of my suggestions.

Again, I urged the importance of having in every State a Board of Commissioners of Lunacy, who should exercise a thorough supervision of Lunatic Asylums. I suggested the assimilation of the management of such asylums, as closely as possible, to the general organization and methods that obtain in other hospitals.

I finally attempted to show the unwisdom and increased cost resulting from the building of mammoth establishments for the treatment of the insane.

I supported my opinions by quotations from European authorities of known reputation as alienists.

It might have been said of me then and perhaps was, that I had not personally made a study of such establishments in Great Britain, though I had in 1870 visited a few trans-atlantic institutions.

This is not true now. I have lately returned from a brief visit to Great Britain, in which I faithfully examined more than twenty insane asylums. I also had an opportunity of listening to the views of Sir James Coxe and Dr. Arthur Mitchell, Scotch Lunacy Commissioners, and also of Dr. Nairne of the English Board of Lunacy.

Guided by their advice, I was enabled to accomplish more than would otherwise have been possible. I visited what I may call typical institutions, both in point of construction and management.

As a result of this recent observation I am prepared to say, that the patients in the asylums of Great Britain are employed in a variety of industrial occupations to a degree, that far exceeds anything that can be seen in our American institutions of a corresponding grade. That as a result of such employments, the patients are much more quiet and contented, and to such an extent as to permit much greater freedom. This is notably true in Scotland. Thus I visited a new asylum at Roslyn, where there were 165 patients (91 males and 74 females). Of these, 84 males and 69 females were employed; 158 of the number took their meals in the common dining-hall; and this, though 33 were under medical treatment. Twenty-five of the males were on parole, to go where they pleased about the grounds; though I found the entrance gate open. Six hours a day was considered an average days work. Of the number given as employed only ten were engaged in work about the halls. I went through every ward of this asylum with the superintendent, and but one door was found locked, though our visit was unexpected.

At the Fife and Kinross Asylum, I found as at Roslyn the gate at the entrance open. I spent the day there, finding much to admire not only in respect to the employment and freedom of the patients, but in the admirable system of pathological investigations that are there carried on by Dr. Fraser and his assistant medical officer.

Dr. Mitchell, Commissioner of Lunacy, had made a visit to this institution but a few days before, and I copied a part of his record upon their register. He thus wrote:

"In visiting the male side of the asylum every door was found unlocked. On the female side, only three doors required to be opened by a key. Of the 248 patients in the asylum, 220 occupied unlocked rooms. This fact involves more than the mere removal or abatement of the sense of imprisonment. It has this most desirable result on all the inmates; but to a very large and increasing number it means actual freedom to come and go at pleasure. It is admittedly of importance to avoid the mere appearance of restraint, but much more than this is done here—the freedom accorded to the patients being real as well as seeming. On the male side, in so far as locked doors are concerned, no difference was seen between the arrangements of this asylum and those of an hospital for the treatment of ordinary diseases. It is satisfactory to be able to add that the effects in the management are to render it easier and cheaper."

A single statement will illustrate the prevailing views in Scotland upon the topics I have referred to. All the new asylums there have windows like those in any ordinary house. In the newest, latest and most expensive asylum in Scotland, the one just erected near Glasgow, there are no spring locks on any door, either of ward or patient's room.

In England there is the same studious employment of the patients as has been described as existing in Scotland. The degree of freedom en-

joyed by the patients is less, and in the main from this cause. I refer to the great size of their establishments for the insane. I may mention in passing, however, that I talked with almost no official who did not deprecate this fact. They excused it only on account of the supposed necessity, growing out of the great density of the population. It is hard for an American to realize what that density is. Two counties, side by side, Lancashire and Yorkshire, having a population of over 6,000,000; and the city of London over 4,000,000.

At the West Riding Asylum, where I spent a part of two days, the system of employment of the patients is most admirable. Nor does this interfere with the most perfect devotion to the medical aspects of insanity. For here have been instituted and carried on some of the most valuable pathological investigations of recent times.

On one of the days of my visit, of 702 males, 532 were employed. Of the 170 unemployed, only ten were recorded as "able but unwilling."

I would like to speak of what I saw at the East Riding Asylum at York; of the Sussex Asylum at Hayward's Heath, and of the Surrey County Asylum at Brookwood. Pauper asylums all these are, but all presenting common features; a general employment of the patients; great quietness and contentment of the patients; ample amusement halls, with frequent entertainments; pianos in all the female wards; flowers everywhere in profusion, even in the wards and airing-courts of the most refractory patients.

The institutions I have referred to are regarded as model institutions by the alienists of Great Britain, not only because of their pre-eminence in the features named above but also in the economy with which they are conducted. The average weekly cost, including clothing, at these asylums, is about $2.80, when reduced to our currency.

One peculiarity in the construction of the modern English asylum deserves mention, because of its relation to the employment of the patients. Very commonly in these, the day-rooms of the patients are on the lower floor, while the dormitories are above. This enables the attendants to get the patients out of doors for work or exercise, or to the various shops.

Again, the temperature of the wards is like that in ordinary dwellings and not like the artificial heat of our American asylums, which must sometimes act to debilitate our patients and unfit them for exposure to the climate outside.

Finally, the thoroughness of inspection and supervision of the Lunacy Commissioners of England, Scotland and Ireland leaves nothing undone that the public welfare demands in these respects.

Their approval is the consideration which stimulates the management of every institution in Great Britain. To meet their requirements, the registers of all the asylums are kept in such a way as to furnish all the information that the government or the public needs of their affairs, professional or administrative.

And further, in their periodical visitations every insane person in the dominion has occasional opportunity for a personal and private interview with some one or other of the commissioners to make complaint, if any grievances they have.

Aside from the security that this gives against encroachments upon the personal liberties of individuals from any interested motives of relatives

or others, it will also be seen that its influence must be felt very sensibly in controlling or checking any abuses that might arise from the carelessness or unkindness of attendants and nurses.

It would seem as if wisdom would prompt our legislatures to copy these desirable features in the European system of management of the insane.

I remain Yours Truly,

H. B. WILBUR.

TESTIMONY OF DR. CHARLES F. FOLSOM,

Secretary of the Massachusetts Board of Health.

In the Boston Medical and Surgical Journal for Sept. 12 and 26th, may be found two letters from Dr. Folsom (then in Great Britain), describing his visits to several Lunatic Hospitals. He notices particularly some new modes of treating the insane, as well as some changes in the management of these institutions. The leading features of this improvement may be stated as follows: first, unlocked doors; second, the great amount of general freedom; third, the large number on parole; and fourth, the special attention given to the occupation of patients. No locks or keys are used, except to two or three small wards, where but few inmates are confined. Patients are so taught, trained and treated that they are not disposed to run away.

Occupation or work of some kind is regarded as of the utmost importance; and various expedients are resorted to, or means devised, that almost every insane person should have something to do,—in which course they are encouraged in a great variety of ways. Seclusion or restraint is very seldom required. The asylum is regarded by them as a home or hospital, not a prison or penitentiary. Acting on this motto, "The more you trust, the more you may," appeals to the self-respect and self-government of patients, which is found to exert a wonderful improvement even on the insane. Under this treatment it is surprising how few desire or attempt to escape. The effects of this course of management are found to result, first, in greater contentment and general happiness among the patients; second, better conduct in every one, that is, less excitement; third, the preservation of the individuality of each patient; fourth, less degradation, and, fifth, greater vigilance and care on the part of the attendants.

We might make extended quotations, or present further details, but our limited space will not permit.

Dr. Folsom speaks in the highest terms of the treatment here described, saying that "its success is established, and cannot fail to have a great influence on the treatment of mental disease throughout the world. In fact, it is likely to be classed with those great movements of Pinel and Tuke toward the close of the last, and of Connolly and Grissinger about the middle of the present century.

"The history of the treatment of mental disease for the past century

has been a succession of proofs that all efforts to bring elevating and refining influences to bear upon the insane, and to educate their self-respect and self-control, have been followed by the most beneficial results. Great Britain stands unquestionably at the present day at the head of the nations of the world in those respects."

Bearing upon the points discussed by Drs. Wilbur and Folsom, we add the testimony of three or four more witnesses. Dr. Mandsley, the best known writer on insanity in Great Britain, remarks "that the true treatment of the insane lies in a still further increase of their liberty; many chronic insane, incurable and harmless, will yet be allowed to spend the remaining days of their sorrowful pilgrimage in private families, having the comforts of family life, and, the *priceless blessing of the utmost freedom* that is compatible with their proper cure."

Dr. L. Robertson, superintendent for a long time of the Sussex County Asylum, England, and lunatic visitor to other institutions by government appointment, says, "The improved treatment of the chronic insane lies in this direction,—in removing them when possible from the weary imprisonment of asylum surroundings, and in placing them amid the healthier influences of home life."

Says Dr. John Fraser, superintendent at the present time, of perhaps the best managed Asylum in Scotland: "It is my opinion that many chronic lunatics do not require hospital treatment; they can be sufficiently cared for and guarded by their friends or others whom the proper authorities deem fit custodians. The chronic lunatic I refer to is one who is harmless, trained to be cleanly, and perhaps industrious, whose mental condition may be described as that of a premature second childhood, and of whose recovery no hope can be entertained. Such an one does not require constant medical supervision, the expensive appurtenances of an Asylum, nor the services of trained attendants. The proposed method of administering the grant from the Imperial Exchequer cannot fail to cause Asylums to be crowded with such lunatics." The course pursued by the present legislation in our own country, we may add, is calculated very much to fill up the large lunatic hospitals, with this same class of patients.

Closely connected with the subject is an important consideration alluded to by Dr. Andrew Wynter,—a popular writer on insanity,—as follows: "If insanity were treated as a purely physical disease (which it is), like any other nervous disorder, it would lose half of the dread which at present surrounds it; it would no longer be hidden like a crime, and the *patient himself would not feel the misery of being avoided and distrusted*,—one of the most annoying things that meet the convalescent and often the cause of the distrust he himself evinces." There is need here of a radical change in public opinion. Just as long as insanity is treated in the least possible manner as a *crime*, or as arising from mysterious causes or in any way whatever reflecting upon the character of the individual, just so long will such impressions interfere with its rational and successful treatment. In all medical, sanitary and human agencies, it should be treated as a disease and like other diseases too, in many respects; and the more thoroughly the profession and the public understand this fact, the better for this unfortunate class.

LUNACY IN SCOTLAND.

By the 17th Annual Report of the Commissioners in Lunacy for Scotland, just issued, it appears that, Jan, 1st, 1874, there were 8,069 insane persons, classed as private 1,455, and as paupers 6,614. It was estimated that there might be about 2,000 more scattered in families, but not reported. Of the 8,069, there were in Hospitals 4,717; in Parochial Asylums 748; in Lunatic wards of Poor Houses 656, and in private dwellings, though paupers, 1,441. There was one lunatic to 440 inhabitants. The proportion of recoveries and the rate of mortality, varies with different institutions and in different years. The average per cent. of recovery for a series of years, ranges from 35 to 40 per cent., and, of mortality from 8 to 9 per cent., but, under each of these heads, there is great variation, this percentage is, perhaps the nearest that can be given. As to the expense of supporting the insane, it is much less as a whole in Scotland than in our own country. In Asylums, the expense varies from $2.50 to $3 per week, and in Poor-Houses from $1.75 to $2.25 per week. The 1,441 supported at public expense in private dwellings, cost only about half as much per week as those in Asylums, though the expense here varies as to extra care, clothing, &c. They are represented as a whole very comfortably situated, more contented, with better health, and having much less sickness as well as mortality than the same class in work-houses.

LUNACY IN GREAT BRITAIN.

The 29th Report of the Commissioners in Lunacy for England and Wales, just published, presents these statistics:—Jan. 1st, 1874, there were 63,793 lunatics reported,—classed as private 7,390, and as paupers 56,793, being an increase of 1,766 over the previous year. Of the 63,793 reported, 53,399 were in hospitals or licensed houses under treatment and some 10,000 were in work-houses. If the admissions are only taken into account, the proportion of recoveries for a series of years is 34 per cent., and, the mortality of those under treatment is reported at 8 pe cent., but, if the whole is included, the rate of mortality is a little over 10 per cent. While the proportion of recoveries has slightly increased for several years, the rate of mortality has remained stationary. The pauper class has been found relatively to increase for a series of years. From the tables here presented, it is difficult to find the exact average cost per week of supporting lunatics, but it is considerably higher than in Scotland. The Commissioners state that the hospitals are becoming filled up more and more with the incurables; that of 32,529 inmates of County and Borough Asylums, only 2,431 or a proportion of 7.47 per cent. are deemed curable. From a careful survey of the state of Lunacy in Great Britain, Ireland and Scotland, it is very evident that in point of successful treatment, good economy, and wise management, Scotland takes the lead.

LUNACY IN MASSACHUSETTS.

Under this title, the Journal of Psychological Medicine and Mental Pathology,—edited by Forbes Winslow, M. D., and published in London, Oct. 1st,—contains an extended review of the Report on this subject presented last winter to the Legislature of this State. Inasmuch as the "Journal of Insanity," published April 1st, at Utica, N. Y., treated this Report in a *trifling* manner, as though it possessed little or no value, the contrast in this foreign notice is so striking, as to induce us to make two or three quotations. The topic headed "treatment of the insane," is copied entire, making five pages, and is introduced as follows: "We consider the remarks on treatment extremely valuable." In another place the reviewer says, "Some valuable remarks are made as to the difference between acute and chronic insanity." And the writer closes his review as follows: "Dr. Allen makes various suggestions for the management and improvement of hospitals, and we congratulate him upon his earnest labors in the field of Psychology. Notwithstanding his having been deprived of the valuable services of his coadjutor, W. Phillips, Esq., he has given us a most valuable Report." It may not be improper to add that this Journal is considered of the highest authority in Great Britain on all matters pertaining to insanity.

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